



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
VILLAGE OF HOMEWOOD

Permit Number:  
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:  
BOB LACHAPPELLE

Date: 12-20-13 Time: 9:10 AM ☒ PM ☐ IEPA Office Contacted:  
DES PLAINES

Name of IEPA Employee Contacted:  
Alan Anderson

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 12-20-13 Time: 8:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):  
1 HOURS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

50 GALLONS

N/A

Location of the Overflow or Bypass:  
17812 TURTLE CREEK DRIVE

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☒ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

HOMEOWNER REPORTED BACK-UP AT 17812 TURTLE CREEK DR. WE FOUND THE SEWER BLOCKED WITH GREASE. WE USED OUR SEWER JET TO CLEAR THE BLOCKAGE AND DRAIN THE SEWER SYSTEM.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM ☒ PM ☐ End Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM ☐ PM ☒ Amount of Rainfall (inches) \_\_\_\_\_ Amount of Snow Melt (inches) \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type)

SATURATED SOIL

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☒ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

WE SHOT THE SEWER AND REMOVED THE BLOCKAGE AND DRIANED THE MANHOLES. WE WILL TELEWISE THE SEWER LINE TO SEE IF FURTHER REPAIRS ARE NEEDED.

**Report Completed By**

Contact Person: BOB LACHAPELLE

Street Address: 2020 CHESTNUT RD

PO Box: \_\_\_\_\_

City: HOMEOD State: IL

Zip Code: 60430 Phone: 708-206-2910

County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_

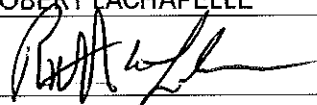
*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR



Authorized Representative Signature

12-20-13

Date



# Illinois Environmental Protection Agency

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### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPPELLE

Date: 10-28-13 Time: 9:00 AM ☒ PM ☐ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 10-26-13 Time: 14:45 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 1 HOURS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:

0 GALLONS

N/A

18800 CASTLE RD

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE plumber for 18800 CASTLE RD CALLED THE VILLAGE TO REPORT the village line was blocked. We responded and cleared the blockage in the village sewer.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM ☐ PM ☒ End Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM ☒ PM ☐ Amount of Rainfall (inches) \_\_\_\_\_ Amount of Snow Melt (inches) \_\_\_\_\_

Contributing Soil Conditions (saturated, frozen, soil type) \_\_\_\_\_

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

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- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses**

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THE VILLAGE LINE WAS BLOCKED WITH GEASE AND ROOTS WE SHOT THE LINE AND CLEARED THE BLOCKAGE . WE WILL TELEVISED TO SEE IF FURTHER WORK IS REQUIRED.

**Report Completed By**

Contact Person: BOB LACHAPELLE

Street Address: 2020 CHESTNUT RD

PO Box: \_\_\_\_\_

City: HOMEOD State: IL

Zip Code: 60430 Phone: 708-206-2910

County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

County: \_\_\_\_\_

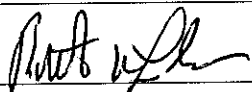
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Authorized Representative Name (Print)

Title

ROBERT LACHAPELLE

UTILITY SUPERVISOR



Authorized Representative Signature

10/28/13

Date



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### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: BOB LACHAPPELLE

Date: 10-15-13 Time: 8:30 AM ☒ PM ☐ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 10-14-13 Time: 12:30 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 1 HOURS

Estimated Volume of

Wastewater  
Discharged  
(gallons):

2 GALLONS

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

N/A

Location of the Overflow or Bypass:

17959 ROCKWELL AVE

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
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THE REISIDENT AT 17959 ROCKWELL AVE CALL THE VILLAGE TO REPORT SEWER BACK-UP IN THE FLOOR DRAIN. THE DEAD END SEWER APPEARED TO HAVE A GREASE BLOCKAGE. WE USED OUR SEWER JET TO CLEAR THE BLOCKAGE AND DRAIN THE SEWER SYSTEM.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date: Time: AM PM End Date: Time: AM PM Amount of Rainfall (inches) Amount of Snow Melt (inches)  
N/A ☐ ☐ ☐ ☐ ☐ ☐

Contributing Soil Conditions (saturated, frozen, soil type)

N/A

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

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- ☐ Surface water direct discharge: \_\_\_\_\_
- ☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: THIS IS A SLAB HOME THE FLOOR DRAIN BACKED-UP.

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

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WE SHOT THE SEWER AND REMOVED THE BLOCKAGE AND DRIANED THE MANHOLES. WE WILL TELEWISE THE SEWER LINE TO SEE IF FURTHER REPAIRS ARE NEEDED.

**Report Completed By**

Contact Person: BOB LACHAPELLE  
Street Address: 2020 CHESTNUT RD  
PO Box: \_\_\_\_\_  
City: HOMEOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: SAME  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
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Authorized Representative Name (Print)

ROBERT LACHAPELLE

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

10-15-13